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SUBJ/PUBLIC AFFAIRS-NAVAL SERVICE MEDICAL NEWS (NSMN)
(95-TRICARE)//
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RMKS/1. THIS SERVICE IS FOR GENERAL DISTRIBUTION OF INFORMATION AND NEWS OF INTEREST TO NAVY AND MARINE CORPS MEMBERS, CIVILIAN EMPLOYEES, FAMILY MEMBERS AND RETIRED BENEFICIARIES OF NAVY MEDICINE. MAXIMUM AND TIMELY REDISTRIBUTION OR FURTHER REPRODUCTION AND USE BY ACTION ADDRESSEES IS ENCOURAGED. THIS MESSAGE HAS BEEN COORDINATED WITH THE COMMANDANT OF THE MARINE CORPS (CMC). THE COMMANDANT HAS AUTHORIZED TRANSMISSION TO MARINE CORPS ACTIVITIES.

2. HEADLINES IN THIS SPECIAL TRICARE ISSUE:
(950067)-TRICARE -- The DOD Managed Care Program
(950068)-SIDEBAR: Getting A Grip On Health Care Terms
(950069)-TRICARE Regions, Lead Agents and Navy Facilities
(950070)-SIDEBAR: TRICARE Information By Region

HEADLINE: TRICARE -- The DOD Managed Care Program
BUMED Washington (NSMN) -- The Department of the Navy is excited about the tremendous step forward TRICARE brings to the military community.

This new program pulls together the health care delivery systems of each of the military services, as well as the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), in a cooperative and supportive effort to better serve military patients, and to better use the resources available to military medicine.

TRICARE provides CHAMPUS-eligible beneficiaries three options, expanding individual choices for health care delivery.

Under current government regulations, Medicare-eligible beneficiaries (those over age 65) may not participate in TRICARE but may use military medical treatment facilities on a "space-available" basis.

Another TRICARE feature is the health care finder, who can assist all eligible beneficiaries locate, and make an appointment with, an appropriate health care provider.

SUBHEAD: TRICARE Standard

This is a "fee-for-service" option, with "deductibles and copayments" and is the same as the standard CHAMPUS program available today.

SUBHEAD: TRICARE Extra

In the TRICARE Extra program, when a CHAMPUS-eligible beneficiary uses a preferred provider from an established network, care is provided at a favorable discount, and (usually) no claim forms have to be filed.

CHAMPUS beneficiaries do not have to enroll in TRICARE Extra and may participate in this "PPO" option on a case-by-case basis just by using the providers within the established network.

SUBHEAD: TRICARE Prime

Key to the TRICARE program is the Prime option, a Health Maintenance Organization (HMO) centered around the military medical treatment facility and a network of civilian providers.

This voluntary enrollment option should be very attractive to eligible beneficiaries because it offers the same scope of coverage currently available under CHAMPUS -- PLUS the addition of preventive and primary care services -- all at a tremendous potential cost savings over Standard and Extra, and it assures access to care.

Prime includes features such as primary care providers, who are responsible for managing the general health care of enrollees and making the necessary referrals for any required specialty treatment.

All active duty members will be automatically enrolled in TRICARE Prime, and there are no enrollment fees for active duty or their eligible family members.

Enrollees in TRICARE Prime usually have no claim forms to file, and they obtain most of their care within the integrated military and civilian network of TRICARE providers.

Additionally, under a "point-of-service" option, Prime enrollees may keep their freedom of choice to use non-network providers, but will pay a penalty through significantly higher "out-of-pocket" costs than paid under TRICARE Standard.

As a side note, all CHAMPUS-eligible beneficiaries who do not elect to enroll in TRICARE Prime, and Medicare-eligible beneficiaries, may continue to receive care in military medical treatment facilities -- but only on a "space-available" basis.

SUBHEAD: Reducing Costs for Most Retirees

CHAMPUS-eligible retirees who enroll in Prime pay only \$11 per day for civilian inpatient care -- compared to \$323 per day or 25 percent of the billed institutional charge (whichever is less), plus 25 percent of professional fees under TRICARE Standard (CHAMPUS).

The cost-sharing provisions for TRICARE Prime enrollment were established within Congressional guidelines.

For CHAMPUS-eligible survivors, retirees and their family members, there are annual enrollment fees for TRICARE Prime (\$230 for individuals or \$460 for families).

Compared to the TRICARE Standard's deductibles and copayments, enrollment fees for Prime should be a money-saving advantage to beneficiaries.

Prime will be evaluated yearly, and based in part on the

results, DOD may consider a "user-fee" for some or all outpatient care in military medical treatment facilities, perhaps by fiscal year 1998, for retirees, their family members, and survivors.

For most people, TRICARE improves access, reduces cost, stabilizes care and enhances their military employment benefit.

Navy medicine: We're working harder for your better health.

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SIDEBAR: Getting A Grip On Health Care Terms

When discussing health care systems, important terms to understand are:

Acute Care Clinic: An "Acute Care Clinic" handles immediate medical care problems and other medical needs. The Clinic usually has set or established hours of operation, and it differs from Emergency Room care for "life-threatening" conditions.

Beneficiary: A patient or someone who receives care at a medical facility (hospital, clinic or through a health care provider).

Case Management: The monitoring, planning and coordination of treatment given to a beneficiary (patient) with medical conditions that require high-cost or extensive service.

Fee-for-Service Plan: Also known as an "Indemnity Plan," this is like CHAMPUS and provides greater personal choice in the selection of a medical provider, but at a higher individual out-of-pocket cost than an individual would have to pay under a managed care plan, including PPOs (Preferred Provider Organizations) or HMOs (Health Maintenance Organizations). "Indemnity" also means compensation for loss or injury, similar to an automobile or homeowners insurance policy. It has an annual "fee-for-protection," or premium, based on an individual's choice in the type and level of services desired and, usually, with "deductible" fees for certain types of extra or special coverage.

HMO: A "Health Maintenance Organization" is a "prepaid" plan (like TRICARE Prime) that uses a limited, select network of health care providers. HMOs usually offer a full range of services, and often emphasize preventive and primary care rather than high-cost specialty care.

Managed Care: Any health care plan that initiates selective contracts or payments among providers, employers and/or insurers to channel patients to a specific set of cost-effective, quality health care providers.

MTF: A military "Medical Treatment Facility," which ranges in size from National Naval Medical Center (NNMC) Bethesda or Naval Medical Center (NMC) San Diego, to Branch Medical Clinic Yuma, AZ, and even the MTFs aboard the hospital ships USNS Comfort (T-AH 20) and Mercy (T-AH 19).

Primary Care Provider: A Primary Care Provider (or manager) gives basic or general health care. Traditionally, these are family or internal medicine providers, and pediatricians. Obstetricians/gynecologists also may be considered primary care providers.

PPO: A "Preferred Provider Organization" is a network of health care providers who agree to provide patient care at a

lower or fixed cost to the health plan or patient.

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HEADLINE: TRICARE Regions, Lead Agents and Navy Hospitals

BUMED Washington (NSMN) -- The cooperation among the military services, in the development and organization of the TRICARE program, has been unprecedented.

Across the United States, each of the 12 TRICARE regions will be administered by a Lead Agent who is a military commander of one of the area's major medical centers.

The Lead Agent, in collaboration with the other regional military medical treatment facility commanders, is responsible for ensuring that TRICARE delivers health care to eligible beneficiaries.

TRICARE will be put into the 12 regions on a rolling, or "phased in," basis throughout the United States (except Alaska, where current CHAMPUS policies will remain in place).

The first region to start TRICARE Prime covers the states of Washington and Oregon, beginning in March 1995.

As the other 11 regions are able to get the necessary elements in place, TRICARE will be phased in and completed nationwide by the end of 1997.

The best source for specific local information on TRICARE -- this significant improvement in your military benefit -- is the Health Benefits Advisor at your nearest military medical treatment facility. See the list of TRICARE Regions (following this article) for the Navy hospitals in each region and when that region is scheduled to come on line.

The military departments' change to TRICARE is an evolutionary process that began more than 10 years ago. With Congressional guidance and support, DOD has now reached the "go" phase.

The Department of the Navy is working hard with DOD and the other services to make the TRICARE program available to the entire Navy-Marine Corps family; it is a concept that has already proven its success.

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SIDEBAR: TRICARE Information By Region

TRICARE Region 1: Northeast

Lead Agent: Commander, Walter Reed Army Medical Center, Washington, DC (currently; the lead agent responsibility rotates among the services for this region)

Projected Start Date: May 1997

Navy Hospitals: Naval Medical Center Bethesda, MD; Naval Hospital Patuxent River, MD; Naval Hospital Groton, CT; Naval Hospital Newport, RI

TRICARE Region 2: Mid-Atlantic

Lead Agent: Commander, Naval Medical Center Portsmouth, VA

Projected Start Date: May 1997

Navy Hospitals: NMC Portsmouth, VA; Naval Hospital Cherry Point, NC; Naval Hospital Camp Lejeune, NC

TRICARE Region 3: Southeast

Lead Agent: Commander, Dwight David Eisenhower Army Medical

Center, Fort Gordon, GA

Projected Start Date: May 1996

Navy Hospitals: Naval Hospital Charleston, SC; Naval Hospital Beaufort, SC; Naval Hospital Jacksonville, FL; Naval Hospital Orlando, FL (scheduled to close June 1995)

TRICARE Region 4: Gulfsouth

Lead Agent: Commander, 81st Medical Group/SG, Keesler Air Force Base, MS

Projected Start Date: May 1996

Navy Hospitals: Naval Hospital Pensacola, FL; Naval Hospital Millington, TN

TRICARE Region 5

Lead Agent: Commander, 645th Medical Group/SG, Wright-Patterson Air Force Base, OH

Projected Start Date: May 1997

Navy Hospitals: Naval Hospital Great Lakes, IL

TRICARE Region 6: Southwest

Lead Agent: Commander, Wilford Hall Medical Center, Lackland Air Force Base, TX

Projected Start Date: November 1995

Navy Hospitals: Naval Hospital Corpus Christi, TX

TRICARE Region 7: Desert States

Lead Agent: Commander, William Beaumont Army Medical Center, El Paso, TX

Projected Start Date: November 1996

Navy Hospitals: None (medical clinics at Yuma MCAS, AZ, and Fallon NAS, NV, are the only Navy MTFs in this region)

TRICARE Region 8: North Central

Lead Agent: Commander, Fitzsimons Army Medical Center, Aurora, CO

Projected Start Date: November 1996

Navy Hospitals: None (no Navy MTFs are in this region)

TRICARE Region 9

Lead Agent: Commander, Naval Medical Center San Diego

Projected Start Date: October 1995

Navy Hospitals: NMC San Diego; Naval Hospital Twentynine Palms, CA; Naval Hospital Camp Pendleton, CA

TRICARE Region 10: Golden Gate

Lead Agent: Commander, 60th Medical Group, Travis Air Force Base, CA

Projected Start Date: October 1995

Navy Hospitals: Naval Medical Center Oakland, CA; Naval Hospital Lemoore, CA

TRICARE Region 11: Northwest

Lead Agent: Commander, Madigan Army Medical Center, Tacoma, WA

Projected Start Date: March 1995

Navy Hospitals: Naval Hospital Bremerton, WA; Naval Hospital Oak Harbor, WA

TRICARE Region 12: Hawaii Pacific

Lead Agent: Commander, Tripler Army Medical Center, Honolulu, HI

Projected Start Date: October 1995

Navy Hospitals: None (Naval Medical Clinic Pearl Harbor is the only Navy MTF in this region)

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